SURGERY

UNDER THE CHARGE OF
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General Toxicity of Extracts of Hypertrophied Prostate.—Legueu and Gaillardot (*Jour. d'Urolog.*, 1912, ii, 1) have made a biological study of the problem of hypertrophied prostate by experimentation on dogs. These experiments were carried out by injecting a prepared substance containing material from the hypertrophied prostate of man in 10 experiments, from the hypertrophied prostate of the dog in 2, from a uterine fibroid in 1, and from an adenoma of the breast in 1, or with pathological tissues in 14. They were done with the normal prostate of the dog in 10, and the normal prostate of the horse in 2. There was a great difference in the toxicity of the various extracts employed. While with doses as large as 2 grams to the kilogram of animal weight, from the normal prostate of the dog as from the uterine fibroid or adenoma of the breast, no death occurred; on the contrary, in employing the pathological prostate of man, the animal was killed, twice with the dose of 1 gram to the kilogram, three times with the dose of 0 gr. 50, and seven times there were accidents more or less grave out of the 12 experiments. The normal prostate of the dog is less toxic for the dog than that of the horse, while the hypertrophied prostate of the dog is as toxic for the dog as the hypertrophied prostate of man, both being very toxic. Therefore, when a prostatectomy is done, a mechanical obstacle to the bladder is removed as well as something which has a local or general toxic effect on the patient.

Experimental Researches Concerning Ulcerations of Large Arteries from Contact with Drains.—Weissenbach and Bertier (*Archiv. gén. d. Chir.*, 1912, vi, 754) say that the study of the ulceration of arteries, especially of large trunks, to their knowledge, has never before been combined with an experimental research. Humbert and Monod differ as to the cause of the condition. Monod believes in the inflammatory action and necrosing effect of the pus. Humbert attributes the important role to certain adjuvant conditions, particularly to drainage tubes too long maintained in the wound. The direct cause of this paper was a sudden, severe hemorrhage from the wound, following an operation for the removal of an adherent and inflamed appendix. The drainage tube was removed on the sixth day, when the patient was doing well, and two hours later the operator was summoned hastily. Re-opening the wound was considered but was postponed because the hemorrhage had stopped and the patient was in a grave condition, dying soon afterward. The autopsy showed the pelvis and right iliac fossa filled with blood clots, and an opening in the external iliac artery at the site where the drainage tube pressed on it. Nine experiments, varying in details, were performed on dogs. By operating with strict asepsis in sound tissue and on a healthy artery, they were unable to produce ulceration of the vascular walls by simple contact of the drain or even with continuous and prolonged contact. If traumatic ulceration is possible from escharotic action or necrosis, it is only under very special conditions. The experimental work permitted the writers to emphasize the importance of the role of infection in the so-called traumatic ulcerations; the importance, no less great, of the role played by the drain as an agent for localizing the infection upon the artery, the rupture being only the mechanical consequence of the acute localization of the arteritis; and the necessity of intimate contact between the artery and the drain. Finally, from a practical point of view and so far as one can generalize for man, the experimental facts observed on the animal, these facts confirm what has been observed clinically. It is never necessary in the presence of infection, to permit a drain to remain in contact with an artery more than three days or even two days. If left longer, the mechanism outlined can provoke an ulceration of the vessel.

Surgical Treatment of Genital Tuberculosis in the Male.—LAPEYRE (*Archiv. gén. d. Chir.*, 1912, vi, 774) says that the operative treatment of genital tuberculosis in the male has made an important advance, and that abstention is no longer the rule. Genital tuberculosis in the adult in its primitive form, is frequently a local, benign, and essentially surgical affection. In the absence of pulmonary and vesical tuberculosis, not only exposed but concealed foci in progressive evolution, should be operated on early. An operation passing beyond the lesion is the method of choice with two exceptions. One should try to preserve the testicle in 50 per cent. of the cases, and he should let alone prostatovesicular lesions of mild grade, because they tend toward spontaneous cure. The operation of choice in the great majority of cases is vaso-epididymectomy, sufficiently but not excessively extensive. Resection of the sound vas deferens, in these cases, should be done systematically in order to save the second testicle (especially after loss of the first). Vaso-vesiculectomy, a rarer operation, should be done. It is of next importance to vaso-epididymectomy. The inguinal and perineal paths are clearly indicated. Bilateral castration should be done only in cases of absolute necessity. Extirpation of the whole genital tract, made grave by the removal of the prostate, is only an exceptional indication.

The After-treatment of Excision of the Knee with the Aid of Approximation of the Bones by a Screw Splint.—KOLB (*Zentralbl. f. Chir.*, 1912, xxxix, 812) says that the plaster cast, with or without a window in it, is employed by most surgeons. Kolb recommends an apparatus consisting of a metal splint made up of two pieces, one fitting and